



Irritable Bowel Syndrome

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DIAGNOSIS

History

- Abdominal pain/discomfort described as cramping worsened by emotional stress and eating
- Rome II criteria: ≥ 12 weeks in past 12 months of abdominal pain or discomfort that has 2 of 3 features:
 - Relieved by defecation
 - Onset associated with change in frequency of stool
 - Onset associated with change in form of stool
- Symptoms can also include:
 - Mucus in stools
 - Constipation
 - Bloating
 - Diarrhea
 - Abdominal distention
 - Upper abdominal discomfort after eating
 - Straining for normal consistency stools
 - Urgency of defecation
 - Feelings of incomplete evacuation
 - Abnormal stool form
 - Nausea, vomiting (rarely)
- May have history of abuse or depression
- Patient may note worsening of symptoms with stress or around menses.
- IBS is unlikely in patients with a history of:
 - Weight loss
 - Bleeding
 - Nocturnal diarrhea
 - Fever
 - Anemia

Physical Exam

Generally normal, but may have abdominal tenderness to palpation

Differential Diagnosis

- Inflammatory bowel disease
- Lactose intolerance
- Infections (*Giardia lamblia*, *Entamoeba histolytica*, *Salmonella*, *Campylobacter*, *Yersinia*, *Clostridium difficile*)
- Celiac sprue
- Microscopic colitis
- Cathartic use
- Magnesium-containing antacids
- Hypo-/Hyperthyroidism
- Pancreatic insufficiency
- Depression
- Small bowel bacterial overgrowth
- Somatization
- Villous adenoma
- Endocrine tumors
- Diabetes mellitus
- Radiation damage to colon or small bowel

Tests

- In the setting of a typical history and in the absence of danger signs, such as anemia or weight loss, it is reasonable to obtain baseline labs and begin treatment.
- In those who do not respond to treatment, further evaluation with imaging studies and endoscopy is warranted to exclude organic pathology.

Initial Tests (lab, imaging)

As needed to rule out other pathology specific to the patient's symptoms:

- Diarrhea-predominant: ESR, CBC, tissue transglutaminase, **thyroid-stimulating hormone (TSH) (/collectioncontent?legacyGbosID=5minuteconsult.lab-tests.Snyder10-ch016-topic01824)**, and stool for ova and parasites
- Constipation-predominant: CBC, TSH, electrolytes, calcium
- Abdominal pain: LFTs and **amylase (/collectioncontent?legacyGbosID=5minuteconsult.lab-tests.Snyder10-ch016-topic0154)**
- Abdominal CT scan or abdominal ultrasound to evaluate pain is generally normal
- Small-bowel series or video capsule endoscopy to rule out Crohn disease of small intestine may be considered and will also be normal.
- Sitz Marker study may be used to evaluate colon transit in patients with constipation

Follow-Up Tests & Special Considerations

- Consider **[lactulose \(/collectioncontent/186319\)](#)** breath test to assess for small bowel bacterial overgrowth associated with IBS (2)[C].
- Given high rates of false-positive and negative test results, some clinicians opt for an empiric trial of **[antibiotics \(/collectioncontent?legacyGbosID=5minuteconsult.lab-tests.Snyder10-ch016-topic0196\)](#)**.

Diagnostic Procedures/Other

Sigmoidoscopy/colonoscopy may be used to rule out inflammatory bowel disease or microscopic colitis.

Colonoscopy should be performed in all persons >50 years of age for colorectal cancer screening

Test Interpretation

None